



## State of Washington

Application for a Water Right
Please follow the attached instructions to avoid unnecessary

LCON	Fee Paid	
	Date	

For Ecology Use

Name Frun S.L.	006	Home Tel:(360 )267 - 6600
Mailing Address P. O	Box 242	Work Tel:(360) 580 - 1728
City Grayland	State Wa Zip+4 9854	1 + FAX:(360)267 - 6600 1ST
Section 2. CONTA  ☐ Same as above	CT - PERSON TO CALL	ABOUT THE APPLICATION
Name Frebor Ci	noy Long	Home Tel: 360 ) 267 - 6600
Mailing Address $+0.0$	BOX 242	Work Tel: (160) 580 - 1301
City Grayland	State WA Zip+4 9854	
Relationship to applicant_	gelf - wife	
The applicant requests a pe	ermit to use not more than Domestic	225 Agr. 318 ( gallons per minute or
☐ cubic feet per second) frof  DESCRIPTION OF THE	om a □ surface water source or □  PLACE OF USE. (See instruction	ground water source (check only one) for the purpose(s)  ATTACH A "LEGAL"  ons.) NOTE: A tax parcel number or a plat number is not
☐ cubic feet per second) frof  DESCRIPTION OF THE sufficient.  Estimate a maximum annual.	om a □ surface water source or □  PLACE OF USE. (See instructional quantity to be used in acre-feet positions)	ground water source (check only one) for the purpose(s)  ATTACH A "LEGAL"  ons.) NOTE: A tax parcel number or a plat number is not  er year: Domostic 7   Agr. 7  ect. Indicate the period of time that the water will be needed
□ cubic feet per second) frof  DESCRIPTION OF THE sufficient.  Estimate a maximum annua  □ Check if the water us	om a □ surface water source or □  PLACE OF USE. (See instructional quantity to be used in acre-feet positions)	er year: Domustic 7 Agr. 7
□ cubic feet per second) frof  DESCRIPTION OF THE sufficient.  Estimate a maximum annua  □ Check if the water us	PLACE OF USE. (See instructional quantity to be used in acre-feet pose is proposed for a short-term project.)  The proposed for a short-term project.	er year: Domustic 7 Agr. 7
□ cubic feet per second) frof  DESCRIPTION OF THE sufficient.  Estimate a maximum annua  Check if the water us  From	rom a  surface water source or  PLACE OF USE. (See instructional quantity to be used in acre-feet personal proposed for a short-term project to  SOURCE	er year: Domostic 7 Agr. 7
□ cubic feet per second) frof  DESCRIPTION OF THE sufficient. Estimate a maximum annua  □ Check if the water us  From  Section 4. WATER  If SURFACE WATER  Name the water source an	PLACE OF USE. (See instructional quantity to be used in acre-feet pose is proposed for a short-term project to/	er year: Domostic 7 Agr. 7  ect. Indicate the period of time that the water will be need

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Source flows into (name of body of water):

APPLICATION

Size & depth of well(s):

LOC	ATIO	V								
	the no				Traut 9	n the point of dive	ersion or v	withdrawal	to the nearest	
1/4 (	of	1/4 of	Section	Township	Range(E/W)	County	If loca	If location of source is platted, complete below:		
							Lot	Block	Subdivision	
			20	15	11 W	Pacifie	g 9			
SEPA:		lot Exempt	received: 5	se #		Date: Dept. Of Health #	,		24	
				67 By 5	Date R	eturned		WRIA	24	
ise	Do vo	n already	have any wa	ater rights or	claims associa	tructions.)  37) A we  4 filled.  - obtained.	erty or syst	em?	IDVES II NO	
					WATER S supply uses,	UPPLY SYST	EM IN	FORMA	TION	
	Numb	per of "con	nections" re	equested:	Туре	of connection	pump	pin		
	If yes	, explain w	why you are	unable to con	nnect to the sys	Not approved stem. Note: Region	nal water s	ystems are	YES   No identified by your	
Comp	olete (	C. and D.	only if th	ne propose	d water syst	tem will have fi	fteen or	more con	nections.	
	Wash	ington Star	te Departme	ent of Health		he se attach the currer	nt approvec	d version of	☐ YES ☐ NO Your plan.	

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D.	Do you have an approved conservation plan?  If yes, when was it approved?	Please attach the current approved version of	☐ YES ☐ NO your plan.
	tion 7. IRRIGATION/AGRICULTUI mplete for all irrigation and agricultur		
(00		e uses.	
A.	Total number of acres to be irrigated:		
B.	List total number of acres for other specified agri-	cultural uses:	
	Use Acre	s	
	Use Acres Use Acres Use Acres	S	
C.	Total number of acres to be covered by this appli		
D.	Family Farm Act (Initiative Measure Number 59). Add up the acreage in which you have a controlling the Acreage irrigated under water rights act that Acreage proposed to be irrigated under the Acrea	ing interest, including only: equired after December 8, 1977; this application;	37, Laws of 2001)
	1. Is the combined acreage greater than 600	0 acres?	☐ YES ☐ NO
	2. Do you have a controlling interest in a Fa		□ YES □ NO
E.	Farm uses: Stockwater - Total # of animals # Non-milking	nimal type (If dairy cattle, so	ee below)
	Section 8. WATER STORAGE		
Will y	ou be using a dam, dike, or other structure to retain	or store water?	□ YES □ NO
some p	If you will be storing 10 acre-feet or more of water and portion of the storage will be above grade, you must also ation from the Department of Ecology.		
Sec	tion 9. DRIVING DIRECTIONS		
Provid	le detailed driving instructions to the project site.		
Ŧ	rom Westport Y, head	South approx. 7 miles	, Local
Stor	e on right, & North Cove F	ire Dept. Tunn left on	
ECY 04 Rev. 7	0-1-14 <b>APPLIC</b>		

## Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Sect	tion 11. PROPERTY OWNERSHIP		
Å.	Does the applicant own the land on which the water will be u If no, explain the applicant's interest in the place of use and p	YES NO	
В.	Does the applicant own the land on which the water source is	Jocated?	√es □ no
	If no, submit a copy of agreement:		<b>V</b>
to pro	fy that the information above is true and accurate to the be cess my application, I grant staff from the Department of F oring purposes. Even though I may have been assisted in th	cology access to the site for inspe	ection and
	oring purposes. Even though I may have been assisted in the syees of the Department of Ecology, all responsibility for the		
Applic	cant (or authorized representative)	4-23-07 Date	
Lando	wner for place of use (if same as applicant, write "same")	Date	

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